

# Addison Medical Center Apartments

## MOVE-OUT WITH OBLIGATION

Subject: Final balance for your residency at

Dear Mr./Mrs./Ms. \_\_\_\_\_

Enclosed please find your Move Out/Closing statement from Addison Medical Center Apartments. You have a balance owing in the amount of \$\_\_\_\_\_. This is due and payable within 45 days from the date of this letter. Please make your cashier's check payable to **Addison Medical Center Apartments**.

You have the option to make online payments through the resident portal within the 45-days. To make a payment, visit [www.prmaddisonmc.com](http://www.prmaddisonmc.com).

If funds are not received within forty-five (45) days of the date of this letter, we will file a claim against your FlexDeposit surety bond. If we file a claim, you will be responsible for reimbursing the bond company up to the limit of your bond, and you will still owe amounts due in excess of the bond limits to this community. If the full balance owing is not paid during this time, your account will be sent to a professional collection agency.

**This may result in a negative report to credit bureaus.**

If you have any questions, please call the property manager \_\_\_\_\_ at (210) 593-9000

Thank you,

**Community Manager**

Addison Medical Center Apartments

(O) [\(210\) 593-9000](tel:2105939000)

(W) [www.prmaddisonmc.com](http://www.prmaddisonmc.com)

Date Mailed: